

| | | |
|--|--|---|
| Fill in this information to identify your case: | | |
| Debtor 1 Debtor 2 (Spouse, if filing) | Grace Louise Dahlquist First Name Middle Name Last Name | |
| | | |
| United States Bankruptcy Court for the: Eastern District of Pennsylvania | | |
| Case number (if known) 21-11829 | | <input type="checkbox"/> Check if this is an amended filing |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

| | | |
|-----|---|--|
| 2.1 | <p><u>City of Allentown Parking Auth</u> Priority Creditor's Name <u>c/o Bureau of Collections</u> Number Street <u>455 W Hamilton St, rm 130</u> <u>Allentown PA 18101</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u> 287.15</u> \$ <u>125.00</u> \$ <u>162.15</u></p> <p>When was the debt incurred? <u>07/11/2016</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p> |
| 2.2 | <p><u>Montgomery Co Tax Claim Bureau</u> Priority Creditor's Name <u>1 Montgomery Plaza</u> Number Street <u>Box 190</u> <u>Norristown PA 19404</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>4 1 0 5</u> \$ <u>1,327.42</u> \$ <u>1,322.42</u> \$ <u>5.00</u></p> <p>When was the debt incurred? <u>07/01/2016</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p> |

Debtor 1 Grace Louise Dahlquist
 First Name Middle Name Last Name

Case number (if known) 21-11829

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | | | Total claim | Priority amount | Nonpriority amount |
|---|--|--|--|---|--------------------|--------------------|
| 2.1 <u>Montgomery Co Tax Claim Bureau</u> Priority Creditor's Name <u>1 Montgomery Plaza</u> Number Street <u>Box 190</u> <u>Norristown PA 19404</u> City State ZIP Code | | | | Last 4 digits of account number <u>4 1 0 5</u> | \$ <u>1,500.00</u> | \$ _____ |
| | | | | When was the debt incurred? <u>07/01/2019</u> | | |
| | | | | As of the date you file, the claim is: Check all that apply. | | |
| | | | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | | | | Type of PRIORITY unsecured claim: | | |
| | | | | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | |
| | | | | Who incurred the debt? Check one. | | |
| | | | | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| | | | | <input type="checkbox"/> Check if this claim is for a community debt | | |
| | | | | Is the claim subject to offset? | | |
| | | | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.4 <u>PA Turnpike Commission</u> Priority Creditor's Name <u>8000C Derry Street</u> Number Street <u>Harrisburg PA 17111</u> City State ZIP Code | | | | Last 4 digits of account number <u>4 0 3 1</u> | \$ <u>85.95</u> | \$ _____ |
| | | | | When was the debt incurred? _____ | | |
| | | | | As of the date you file, the claim is: Check all that apply. | | |
| | | | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | |
| | | | | Type of PRIORITY unsecured claim: | | |
| | | | | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>EZ Pass toll fee</u> | | |
| | | | | Who incurred the debt? Check one. | | |
| | | | | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| | | | | <input type="checkbox"/> Check if this claim is for a community debt | | |
| | | | | Is the claim subject to offset? | | |
| | | | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.4 <u> </u> Priority Creditor's Name <u> </u> Number Street <u> </u> City State ZIP Code | | | | Last 4 digits of account number _____ | \$ _____ | \$ _____ |
| | | | | When was the debt incurred? _____ | | |
| | | | | As of the date you file, the claim is: Check all that apply. | | |
| | | | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | | | | Type of PRIORITY unsecured claim: | | |
| | | | | <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | |
| | | | | Who incurred the debt? Check one. | | |
| | | | | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| | | | | <input type="checkbox"/> Check if this claim is for a community debt | | |
| | | | | Is the claim subject to offset? | | |
| | | | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | |

Debtor 1 **Grace Louise Dahlquist**
 First Name Middle Name Last Name

Case number (if known) **21-11829**

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-----|---|---|
| 4.1 | Abington ER Physicians - Lansdale <small>Nonpriority Creditor's Name</small> 1200 Old York Road <small>Number Street</small> Abington PA 19001 <small>City State ZIP Code</small> | <small>Last 4 digits of account number</small> _____ <small>When was the debt incurred?</small> _____ <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical exp</u> |
| 4.2 | Abington ER Physicians <small>Nonpriority Creditor's Name</small> 56 W. Main Street, Ste 305 <small>Number Street</small> Newark DE 19702 <small>City State ZIP Code</small> | <small>Last 4 digits of account number</small> <u>0 2 8 4</u> <small>\$</small> <u>38.69</u> <small>When was the debt incurred?</small> _____ <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical exp</u> |
| 4.3 | Abington Health - Lansdale <small>Nonpriority Creditor's Name</small> 1200 Old York Road <small>Number Street</small> Abington PA 19001 <small>City State ZIP Code</small> | <small>Last 4 digits of account number</small> <u>4 3 3 1</u> <small>\$</small> <u>111.52</u> <small>When was the debt incurred?</small> _____ <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical exp</u> |

Debtor 1 Grace Louise Dahlquist
 First Name Middle Name Last Name

Case number (if known) 21-11829

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | |
|---|--|---|
| 4.4 | <u>Abington Health - Lansdale</u> <small>Nonpriority Creditor's Name</small> <u>1200 Old York Road</u> <small>Number Street</small> <u>Abington</u> <u>PA</u> <u>19001</u> <small>City State ZIP Code</small> | Last 4 digits of account number <u>1 0 9 1</u> \$ <u>3,250.37</u> |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | When was the debt incurred? _____ |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical exp</u> | | |
| 4.5 | <u>Abington Health - Lansdale</u> <small>Nonpriority Creditor's Name</small> <u>1200 Old York Road</u> <small>Number Street</small> <u>Abington</u> <u>PA</u> <u>19001</u> <small>City State ZIP Code</small> | Last 4 digits of account number <u>0 6 8 0</u> \$ <u>22.49</u> |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | When was the debt incurred? _____ |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical exp</u> | | |
| 4.6 | <u>Abington Health - Lansdale</u> <small>Nonpriority Creditor's Name</small> <u>1200 Old York Road</u> <small>Number Street</small> <u>Abington</u> <u>PA</u> <u>19001</u> <small>City State ZIP Code</small> | Last 4 digits of account number <u>1 0 8 4</u> \$ <u>379.71</u> |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | When was the debt incurred? _____ |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical exp</u> | | |

Debtor 1 Grace Louise Dahlquist

| | | | |
|-----|---|--|---------|
| 4.7 | Abington Health Lansdale Nonpriority Creditor's Name Business Services Dept 1200 Old York Rd Abington, PA 19001 | Last 4 digits of account number <u>1715</u> | \$50.65 |
| | Number Street City State Zip Code | When was the debt incurred? <u>5/15/2014</u> | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify <u>medical service</u> | |
| 4.8 | Abington Health Lansdale Nonpriority Creditor's Name Business Services Dept 1200 Old York Rd Abington, PA 19001 | Last 4 digits of account number <u>1240</u> | \$45.30 |
| | Number Street City State Zip Code | When was the debt incurred? <u>5/11/2016</u> | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify <u>medical service</u> | |
| 4.9 | Abington Health Lansdale Nonpriority Creditor's Name Business Services Dept 1200 Old York Rd Abington, PA 19001 | Last 4 digits of account number <u>1986</u> | \$60.40 |
| | Number Street City State Zip Code | When was the debt incurred? <u>7/1/2016</u> | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify <u>medical service</u> | |

Debtor 1

Grace Louise Dahlquist

First Name Middle Name Last Name

Case number (if known) 21-11829

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | |
|---|--|---|
| 10 | Abington Health - Lansdale Nonpriority Creditor's Name 1200 Old York Road Number Street Abington PA 19001 City State ZIP Code | Last 4 digits of account number _____ \$ 127.56 |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | When was the debt incurred? _____ |
| | | As of the date you file, the claim is: Check all that apply. |
| | | <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical exp</u></p> |
| 11 | Abington Health - Lansdale Nonpriority Creditor's Name 1200 Old York Road Number Street Abington PA 19001 City State ZIP Code | Last 4 digits of account number 0 2 3 9 \$ 96.64 |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | When was the debt incurred? _____ |
| | | As of the date you file, the claim is: Check all that apply. |
| | | <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical exp</u></p> |
| 12 | Abington Health - Lansdale Nonpriority Creditor's Name 1200 Old York Road Number Street Abington PA 19001 City State ZIP Code | Last 4 digits of account number _____ \$ 121.25 |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | When was the debt incurred? _____ |
| | | As of the date you file, the claim is: Check all that apply. |
| | | <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical exp</u></p> |

Debtor 1 Grace Louise Dahlquist4.1
3**Abington Health Lansdale**

Nonpriority Creditor's Name

**Business Services Dept
1200 Old York Rd
Abington, PA 19001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number _____

\$142.13

When was the debt incurred? 1/31/14

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical service

4.1
4**Abington Health Lansdale**

Nonpriority Creditor's Name

**Business Services Dept
1200 Old York Rd
Abington, PA 19001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number _____

\$50.54

When was the debt incurred? 11/30/2013

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical service

4.1
5**Abington Health Lansdale**

Nonpriority Creditor's Name

**Business Services Dept
1200 Old York Rd
Abington, PA 19001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number _____

\$69.69

When was the debt incurred? 12/19/2013

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical service

Debtor 1 Grace Louise Dahlquist4.1
6**Abington Health Lansdale**

Nonpriority Creditor's Name

Business Services Dept
1200 Old York Rd
Abington, PA 19001

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number _____

\$39.52

When was the debt incurred? 12/31/2013

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical service

4.1
7**Abington Health Lansdale**

Nonpriority Creditor's Name

Business Services Dept
1200 Old York Rd
Abington, PA 19001

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number _____

\$97.57

When was the debt incurred? 7/16/2014

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical services

4.1
8**Abington Health Lansdale**

Nonpriority Creditor's Name

Business Services Dept
1200 Old York Rd
Abington, PA 19001

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number _____

\$216.49

When was the debt incurred? 11/6/2013

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical service

Debtor 1 Grace Louise Dahlquist4.1
9**Abington Health Lansdale**

Nonpriority Creditor's Name

Business Services Dept
1200 Old York Rd
Abington, PA 19001

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 3958

\$1,260.00

When was the debt incurred? 12/29/2015

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

4.2
0**Abington Health Lansdale**

Nonpriority Creditor's Name

Business Services Dept
1200 Old York Rd
Abington, PA 19001

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 0948

\$142.13

When was the debt incurred? 1/1/14

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

4.2
1**Abington Health Lansdale**

Nonpriority Creditor's Name

Business Services Dept
1200 Old York Rd
Abington, PA 19001

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 1084

\$379.21

When was the debt incurred? 2/1/2013

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

Debtor 1 Grace Louise Dahlquist4.2
2**Abington Health Lansdale**

Nonpriority Creditor's Name

Business Services Dept
1200 Old York Rd
Abington, PA 19001

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

1016\$102.53

When was the debt incurred?

1/31/2012

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical service

4.2
3**Abington Health Lansdale**

Nonpriority Creditor's Name

Business Services Dept
1200 Old York Rd
Abington, PA 19001

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

2496\$122.87

When was the debt incurred?

8/3/2013

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical service

4.2
4**Abington Health Lansdale**

Nonpriority Creditor's Name

Business Services Dept
1200 Old York Rd
Abington, PA 19001

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$25.93

When was the debt incurred?

2/7/2018

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical bill

Debtor 1 Grace Louise Dahlquist

| | | | |
|-----|---|--|------------|
| 4.2 | Abington Health Physicians Prof Servs | Last 4 digits of account number <u>8388</u> | \$43.31 |
| 5 | Nonpriority Creditor's Name 1200 Old York Road Abington, PA 19001 | When was the debt incurred? <u>12/26/15</u> | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input checked="" type="checkbox"/> Other. Specify <u>medical service</u> | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.2 | Abington Health Physicians Prof Servs | Last 4 digits of account number <u>8388</u> | \$60.51 |
| 6 | Nonpriority Creditor's Name 1200 Old York Road Abington, PA 19001 | When was the debt incurred? <u>12/27/15</u> | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input checked="" type="checkbox"/> Other. Specify <u>medical service</u> | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.2 | Barclay Bank of DE | Last 4 digits of account number <u>8897</u> | \$5,715.00 |
| 7 | Nonpriority Creditor's Name 125 S. West Street Wilmington, DE 19801 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input checked="" type="checkbox"/> Other. Specify <u>credit card transactions</u> | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 Grace Louise Dahlquist4.2
8**Cabella Visa**

Nonpriority Creditor's Name

**One Cabella Drive
Sidney, NE 69160**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 1930

\$1,636.43

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card transactions

4.2
9**CBNA**

Nonpriority Creditor's Name

**PO Box 6497
Sioux Falls, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 2855

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card transactions

4.3
0**Chase Bank**

Nonpriority Creditor's Name

**PO Box 15298
Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 4046

\$3,916.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card transactions

Debtor 1 Grace Louise Dahlquist4.3
1**Chestnut Hill Clinical Corp**

Nonpriority Creditor's Name

535 Pennsylvania Ave**Suite 100****Fort Washington, PA 19034**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$105.00When was the debt incurred? **5/11/2010**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical service**

4.3
2**Citibank**

Nonpriority Creditor's Name

100 Citibank Drive**San Antonio, TX 78245**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$1,291.92

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card transactions**

4.3
3**Citibank**

Nonpriority Creditor's Name

100 Citibank Drive**San Antonio, TX 78245**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **5202****\$1,430.63**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card transactions**

Debtor 1 Grace Louise Dahlquist4.3
4**Comcast Corporation**

Nonpriority Creditor's Name

Comcast Center**1701 JFK Blvd****Philadelphia, PA 19103**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 7563

\$412.06

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify cable TV services

4.3
5**Credit One Bank**

Nonpriority Creditor's Name

PO Box 98878**Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 8832

\$1,268.93

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card transactions

4.3
6**Doctors Business Bureau**

Nonpriority Creditor's Name

202 N Federal Hwy**Lake Worth, FL 33460**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$30.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

Debtor 1 Grace Louise Dahlquist4.3
7**Dr. Richard R. McCurdy**

Nonpriority Creditor's Name
**1088 West Baltimore Pike
Suite 2500
Media, PA 19063**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
 - Check if this claim is for a community debt
 - Is the claim subject to offset?**
- No
 - Yes

Last 4 digits of account number

XXXX**\$73.00**

When was the debt incurred?

April 2008

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **medical service**

4.3
8**DSNB Department Stores National Bank**

Nonpriority Creditor's Name
**P.O. Box 8066
Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
 - Check if this claim is for a community debt
 - Is the claim subject to offset?**
- No
 - Yes

Last 4 digits of account number

\$438.28

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **credit card transactions**

4.3
9**Emergency Physicians Associates of PA PC**

Nonpriority Creditor's Name
**307 S. Evergreen Avenue
Winslow, NJ 08095**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
 - Check if this claim is for a community debt
 - Is the claim subject to offset?**
- No
 - Yes

Last 4 digits of account number

\$34.00

When was the debt incurred?

11/2008

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **medical service**

Debtor 1 Grace Louise Dahlquist

| | |
|--|--|
| <p>4.4 0</p> <p>Emergency Physicians Associates of PA PC</p> <p>Nonpriority Creditor's Name 307 S. Evergreen Avenue Winslow, NJ 08095</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u> \$34.00</u></p> <p>When was the debt incurred? <u>9/2008</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical service</u></p> |
| <hr/> <p>4.4 1</p> <p>First Preimer Bank</p> <p>Nonpriority Creditor's Name 3820 N Louise Ave Sioux Falls, SD 57107</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | |
| <p>Last 4 digits of account number <u>1428</u> \$646.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card transactions</u></p> | |
| <hr/> <p>4.4 2</p> <p>GECRB</p> <p>Nonpriority Creditor's Name PO Box 965024 Orlando, FL 32896</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | |
| <p>Last 4 digits of account number <u> \$0.00</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u> </u></p> | |

Debtor 1 Grace Louise Dahlquist
 First Name Middle Name Last Name

Case number (if known) 21-11829

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|-----------|---|--|------------------|
| <u>43</u> | Grandview Hospital Nonpriority Creditor's Name 700 Lawn Avenue Number Street Sellersville PA 18960 City State ZIP Code | Last 4 digits of account number _____ | \$ <u>635.55</u> |
| | Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | When was the debt incurred? _____ | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical billings</u> | |
| <u>44</u> | Hillmont GI Nonpriority Creditor's Name 125 Medical Campus Dr, Ste 104 Number Street Lansdale PA 19446 City State ZIP Code | Last 4 digits of account number _____ | \$ <u>315.00</u> |
| | Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | When was the debt incurred? _____ | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical expense</u> | |
| <u>45</u> | Lansdale Hospital - Business Services Dept Nonpriority Creditor's Name 1200 Old York Road Number Street Abington PA 19001 City State ZIP Code | Last 4 digits of account number <u>1 6 8 8</u> | \$ <u>108.91</u> |
| | Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | When was the debt incurred? _____ | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical expense</u> | |

Debtor 1 Grace Louise Dahlquist4.4
6**Massey's**

Nonpriority Creditor's Name

1251 First Avenue**Chippewa Falls, WI 54729**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

4A2Y**\$206.78**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card transactions**

4.4
7**Medicare / CMS**

Nonpriority Creditor's Name

**PO Box 138832
Oklahoma City, OK 73113**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

395A**\$0.00****September 21, 2013 through
February 11, 2017**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Medical bills paid related to car accident
claim for which there is a lien asserted**4.4
8**Midnight Velvet**

Nonpriority Creditor's Name

1515 S 21st Street**Clinton, IA 52732**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

3244**\$107.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify credit card transaction

Debtor 1 Grace Louise Dahlquist4.4
9**Monroe and Main**

Nonpriority Creditor's Name

1515 S. 21st Street**Clinton, IA 52732**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 3244\$131.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card transactions

4.5
0**Montgomery Ward**

Nonpriority Creditor's Name

3650 Milwaukee Street**Madison, WI 53714**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 829W\$105.36

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card transactions

4.5
1**National Court Reporters, Inc**

Nonpriority Creditor's Name

7835 Freeway Circle**Cleveland, OH 44130**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 1109\$2,708.40When was the debt incurred? 5/19/2016

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify services rendered in litigation matter

Debtor 1 Grace Louise Dahlquist4.5
2**North Penn Surgical Associates**

Nonpriority Creditor's Name

**125 Medical Campus Drive
Suite 310
Lansdale, PA 19446**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

 No Yes

Last 4 digits of account number _____

\$35.00

When was the debt incurred? 4/2014

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

4.5
3**Penn Neurological Associates**

Nonpriority Creditor's Name

**125 Medical Campus Drive
Suite 206
Lansdale, PA 19446**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

 No Yes

Last 4 digits of account number _____

\$57.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

4.5
4**Radiology Group of Abington**

Nonpriority Creditor's Name

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

 No Yes

Last 4 digits of account number _____

\$18.65

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

Debtor 1 Grace Louise Dahlquist4.5
5**Radiology Group of Abington**

Nonpriority Creditor's Name

**PO Box 6750
Portsmouth, NH 03802**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$30.70

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

4.5
6**Radiology Group of Abington**

Nonpriority Creditor's Name

**P.O. Box 6750
Portsmouth, NH 03802**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 4461

\$43.00

When was the debt incurred? 9/21/13

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

4.5
7**Radiology Group of Abington**

Nonpriority Creditor's Name

**PO Box 6750
Portsmouth, NH 03802**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 4461

\$14.56

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

Debtor 1 Grace Louise Dahlquist4.5
8**Radiology Group of Abington**

Nonpriority Creditor's Name

PO Box 6750
Portsmouth, NH 03802

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 4461

\$83.33

When was the debt incurred? 7/2/2015

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical service

4.5
9**Swiss Colony**

Nonpriority Creditor's Name

1515 S. 21st Street
Clinton, IA 52732

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 3244

\$118.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card transactions

4.6
0**Synchrony Bank**

Nonpriority Creditor's Name

PO Box 965024
Orlando, FL 32896

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$962.28

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card transactons

Debtor 1 Grace Louise Dahlquist
 First Name Middle Name Last Name

Case number (if known) 21-11829

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | |
|---|---|---|
| 61 | <u>Abington - Lansdale Hospital</u> <small>Nonpriority Creditor's Name</small> <u>100 Medical Campus Dr</u> <small>Number Street</small> <u>Lansdale PA 19446</u> <small>City State ZIP Code</small> | Last 4 digits of account number _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>COVID related medical exp</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| .62 | <u>ER Physicians Abington - Lansdale Hospital</u> <small>Nonpriority Creditor's Name</small> <u>125 Medical Campus Dr</u> <small>Number Street</small> <u>Lansdale PA 19446</u> <small>City State ZIP Code</small> | Last 4 digits of account number _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>COVID related medical exp</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| .63 | <u>Web Bank</u> <small>Nonpriority Creditor's Name</small> <u>6250 Ridgewood Road</u> <small>Number Street</small> <u>St Cloud MN 56303</u> <small>City State ZIP Code</small> | Last 4 digits of account number <u>1 8 3 5</u> \$ <u>1,350.00</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card transaction</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Grace Louise Dahlquist**

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
| Grace | Louise | Dahlquist |

Case number (if known) 21-11829

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.64 **William P. Marshall**
 Nonpriority Creditor's Name
21 E. Lincoln Avenue, Suite 120
 Number Street
Hatfield **PA** **19440**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **\$ 38,542.24**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of **NONPRIORITY** unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify legal work against Gwynedd

.65 **Worlds Foremost Bank**
 Nonpriority Creditor's Name
4800 NW First Street
 Number Street
Lincoln **NE** **68521**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 9 3 9 3 **\$ 1,636.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of **NONPRIORITY** unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

.66 **Fortiva - Bank of Missouri**
 Nonpriority Creditor's Name
PO Box 105555
 Number Street
Amanda **GA** **30348**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1 6 8 8 **\$ 1,269.26**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of **NONPRIORITY** unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Debtor 1 Grace Louise Dahlquist
 First Name Middle Name Last Name

Case number (if known) 21-11829

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

ARS Account Resolution

Name 1801 NW 66th Avenue, Suite 200C
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 439 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City Fort Lauderdale

State FL

ZIP Code 33313

Last 4 digits of account number

ARS Account Resolution

Name 1801 NW 66th Avenue, Suite 200C
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 440 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City Fort Lauderdale

State FL

ZIP Code 33313

Last 4 digits of account number

Berks Credit and Collections

Name PO Box 329
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 453 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City Tempe

State PA

ZIP Code 19560

Last 4 digits of account number

Quantum3 Group, LLC

Name PO Box 788
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 464 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City Kirkland

State WA

ZIP Code 98083

Last 4 digits of account number

City of Allentown Parking Auth

Name 603 W. Linden Street
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City Allentown

State PA

ZIP Code 18101

Last 4 digits of account number

North Penn School District c/o

Name Jane Murray
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City West Point

State PA

ZIP Code 19486

Last 4 digits of account number

Upper Gwynedd Township

Name PO Box 1
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City West Point

State PA

ZIP Code 19486

Last 4 digits of account number

Debtor 1 Grace Louise Dahlquist**Sauk Rapids, MN 56379**

Last 4 digits of account number

 Part 2: Creditors with Nonpriority Unsecured Claims**0501**

Name and Address

**Lansdale Hospital - Patient Pay
PO Box 826569
Philadelphia, PA 19182**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Linebarger, Grggans, Blair &
Sampson, LL
PO Box 90128
Harrisburg, PA 17109**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**LVNV Funding, LLC
PO Box 10497
Greenville, SC 29603**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Mid-Atlantic Credit Corporation
PO Box 388
Conshohocken, PA 19428**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.54 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6104

Name and Address

**Mid-Atlantic Credit Corporation
PO Box 388
Conshohocken, PA 19428**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.55 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**MIRA Med Revenue Group
991 Oak Creek Drive
Lombard, IL 60148**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**North Penn School District
c/o Jane Murray, Tax Collector
PO Box 1
West Point, PA 19486**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4105

Name and Address

**Portfoilio Recovery Associates, LLC
PO Box 12914
Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.60 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5789

Name and Address

**Portfoilio Recovery Associates, LLC
PO Box 12914
Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**United Recovery Systems, LP
PO Box 722910
Houston, TX 77272**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5202**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Debtor 1 Grace Louise Dahlquist

Last 4 digits of account number

| | |
|---|--|
| Name and Address Grinley Financial Corp 30 Washington Ave Suite C-6 Haddonfield, NJ 08033 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
|---|--|

| | |
|--|---|
| Name and Address Grinley Financial Corp 30 Washington Ave Suite C-6 Haddonfield, NJ 08033 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.10</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.10</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
|--|---|

Last 4 digits of account number **1674**

| | |
|--|---|
| Name and Address Grinley Financial Corp 30 Washington Ave Suite C-6 Haddonfield, NJ 08033 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.12</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.12</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
|--|---|

Last 4 digits of account number **1707**

| | |
|--|---|
| Name and Address Grinley Financial Corp 30 Washington Ave Suite C-6 Haddonfield, NJ 08033 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.13</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.13</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
|--|---|

Last 4 digits of account number **0948**

| | |
|--|---|
| Name and Address Grinley Financial Corp 30 Washington Ave Suite C-6 Haddonfield, NJ 08033 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
|--|---|

Last 4 digits of account number **0229**

| | |
|--|---|
| Name and Address Grinley Financial Corp 30 Washington Ave Suite C-6 Haddonfield, NJ 08033 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
|--|---|

Last 4 digits of account number **2005**

| | |
|--|---|
| Name and Address Grinley Financial Corp 30 Washington Ave Suite C-6 Haddonfield, NJ 08033 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
|--|---|

Last 4 digits of account number **1120**

| | |
|--|---|
| Name and Address Grinley Financial Corp 30 Washington Ave Suite C-6 Haddonfield, NJ 08033 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
|--|---|

Last 4 digits of account number **2123**

| | |
|--|---|
| Name and Address Grinley Financial Corp 30 Washington Ave Suite C-6 Haddonfield, NJ 08033 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
|--|---|

Last 4 digits of account number **0965**

| | |
|---|--|
| Name and Address JC Christensen & Assoc, Inc PO Box 519 <td>On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.28</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</td> | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.28</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims |
|---|--|

Debtor 1 **Grace Louise Dahlquist**

Name and Address

Berks Credit and Collections
PO Box 329
Temple, PA 19560

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.52 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

xxxx

Name and Address

Care Payment
PO Box 9197
Pompano Beach, FL 33075

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Outsourcing, Inc
PO box 9004
Renton, WA 98057

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5180

Name and Address

Credit Bureau of Lancaster Co., Inc
PO Box 1271
Lancaster, PA 17608

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9161

Name and Address

Credit Control, LLC
PO Box 31179
Tampa, FL 33631

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5212

Name and Address

Credit Management Company
2121 Noblestown Road
Suite 300
Pittsburgh, PA 15205

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

xxxx

Name and Address

District Court 31-1-07
501 West Hamilton Street, Basement
Allentown, PA 18101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

FMA Alliance Ltd
12339 Cutton Road
Houston, TX 77066

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2506

Name and Address

Grinley Financial Corp
30 Washington Ave
Suite C-6
Haddonfield, NJ 08033

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1091

Name and Address

Grinley Financial Corp
30 Washington Ave
Suite C-6
Haddonfield, NJ 08033

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Grinley Financial Corp
30 Washington Ave
Suite C-6
Haddonfield, NJ 08033

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Grace Louise Dahlquist
First Name Middle Name Last Name

Case number (if known) 21-11829

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

| | | Total claim |
|---------------------------------|---|---|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ <u>0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ <u>3,200.52</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ <u>0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ <u>0.00</u> |
| | 6e. Total. Add lines 6a through 6d. | 6e. \$ <u>3,200.52</u> |
| | | Total claim |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ <u>0.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ <u>0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ <u>0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ <u>72,605.55</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. \$ <u>75,806.07</u> |